WORLD CHRONICLE

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PROGRAMME: **"WORLD CHRONICLE"**

GUEST: Dr. Jonathan Mann, Director
AIDS Control Programme
World Health Organization (WHO)

JOURNALISTS: Ian Steele, Press Foundation of Asia
Ethan Schwartz, Washington Post
Ian Williams, The Scotsman

MODERATOR: Michael Littlejohns

SYNOPSIS

Jonathan Mann, Director of the World Health Organization's Global Programme on AIDS, points out that intravenous drug use is the second most important route of transmission of the AIDS virus. Dr. Mann suggests various ways of protecting drug users from the fatal disease.

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VOICE From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns and this is **WORLD CHRONICLE**.

There are millions of intravenous drug users in the world today. In addition to being trapped in the deadly plight of drug abuse, drug addicts also in many countries represent a large proportion of reported AIDS cases. What's the connexion between drug abuse and AIDS? And what can be done to prevent this human tragedy from getting worse?

Our guest today, Jonathan Mann of the United States, is Director of the World Health Organization's Global Programme on AIDS. Dr. Mann will be interviewed here at United Nations Headquarters in New York by: Ian Steele of the Press Foundation of Asia; Ethan Schwartz of the Washington Post; and Ian Williams of The Scotsman.

For some background information, here's a report from our correspondent, Lelei Lelaulu.

LELAULU: The United Nations estimates that there may be as many as five million intravenous drug users in the world today. Most of them are not infected with the AIDS virus but, if they're not given sufficient protection, they may easily become victims of the AIDS epidemic.

Drug users who become infected also infect others. When people share contaminated needles to use drugs, they give to each other what amounts to small blood transfusions. If one of these addicts' blood has the AIDS virus in it, anyone who shares the needle with them can be infected. Once a person is infected, the deadly virus can also be transmitted rapidly through sexual intercourse.

The increasing use of injectable cocaine and trading of "sex for drugs" when multiple partners are involved, is another way the virus is spread. Finally, if a woman drug user infected with the AIDS virus is pregnant, she can pass the virus onto her child.

The World Health Organization, based in Geneva, is conducting studies on drug injecting and the risks of HIV infection. They are now evaluating the effectiveness of existing programmes. For example, needle exchanges.

Here in Switzerland, intravenous drug users are supplied with clean needles in exchange for used ones. Public health officials are putting the message across, stressing the importance of clean needles. Educational programmes such as classes like this, are increasingly common around the world. They aim, in particular, at vulnerable segments of the population.

The AIDS epidemic is not showing any signs of abating. And the worldwide epidemic of intravenous drug use continues to worsen. The task of protecting the majority of drug users who so far have not been infected by the AIDS virus, has become more urgent than ever.

LITTLEJOHNS: Dr. Jonathan Mann, have drug abuse and the sharing of needles become very important elements in the spread of AIDS? How serious is the risk from these abuses?

MANN: Well, today the practice of drug use, injecting drug use, is the second most important behaviour that transmits HIV, the AIDS virus. In some countries for example in Spain, in Italy, it's actually the most common behaviour now associated with spread of the virus.

LITTLEJOHNS: What's your view about this business of issuing clean needles to avoid the sharing of needles? Do you think this is a good practice?

MANN: There I think it's very important to realize that when facing drug use and AIDS, our first objective is to protect the drug user from getting AIDS. We also then want to try to help the drug user to stop injecting drugs altogether. Now in order to protect them from being infected, we have to avoid the sharing of needles and syringes that are contaminated as you saw in the film that was just shown. One of the ways this can be done is to try to provide the drug user with clean needles and syringes. Now it may sound paradoxical when you first hear of it but in fact, when this has been tried, for example in Amsterdam, the needle exchange programme has not increased the level of drug use in the community, the needle exchange programme has not increased even the amount of injecting that already established injectors use, and it has resulted in a dramatic decline in the sharing of needles among the addicts. So all this tells us that I think we have to be prepared to innovate, we have to be prepared to try programmes that have never been tried before but there's no simple answer and needle exchange programmes by themselves are only a stopgap measure. They can't solve the basic problem which is the problem of drug abuse itself.

READEX

STEELE: I take it that decriminalization of drugs and drug use is an open question at WHO. If we take the distribution of needles, it in fact is a step towards decriminalization. Is there an open question on decriminalization?

MANN: Well, I think one of the things we have to realize when we look at the drug epidemic worldwide, an increasing epidemic, is that it's important not to try to be too ideological, it's important to try to be practical and to learn from experience and to apply that experience and learn how to do better, and do better. Ideologically-based approaches generally are flawed and we'd like to see people approach drug use with an open mind and ask what do we know of what already works, how can we combine the best elements of reducing the supply of drugs with efforts to reduce the demand for drugs and that's in fact one of the important dimensions that came out at the recent UN Special Session on Drugs, how important it is to reduce demand through prevention programmes and through treatment of drug users and not focus exclusively on the police actions if you will that are involved with reducing supply.

STEELE: The hard drug issue is just one of the elements of injections. Of course, there's a cultural tradition of injection of all kinds of cures in the developing world. It's the same risk, it's the same process isn't it?

MANN: Well, they're similar but if you think of the drug user, the injecting drug user usually draws his own blood up into the syringe and then injects the drug. The next person who does the same thing without cleaning the needle or syringe will then get some of that first person's blood into their own veins and this is the sort of micro or mini transfusion aspect. The sharing of a needle, for example for a

regular medical injection if it were given to multiple people sequentially, can also transmit the virus but the risk is much smaller because the amount of blood involved is smaller.

STEELE: New York City is in the process of abandoning its clean needle programme, its distribution of free needles, is that a loss in the fight against AIDS?

MANN: There appears to be relatively successful needle distribution programmes in a number of places including Amsterdam, in the United Kingdom and in Sweden and one of the most important aspects of a needle exchange programme is that it brings addicts that were formerly out of contact with the health system into contact with people who don't just give out needles and syringes but take advantage of the opportunity to speak to the person, talk about their sexual behaviour, talk about the possibilities for treatment of their drug use and so I think it should never be looked at as just a quick fix of a problem. Now, the discontinuation of a programme in one place like New York City doesn't change the broad picture. There are still going to be people seeking to look for creative solutions to this very difficult human problem.

SCHWARTZ: Just to clarify that point then, is WHO then fairly convinced that a well planned out and thorough needle distribution programme can make an impact on a city like New York or in American cities?

MANN: Well, I think what we can say is that in the places that it has been done so far, it appears to be fairly successful as one element of a comprehensive strategy that includes efforts to get people who are using drugs into treatment and that includes educational efforts for the general population to prevent drug use. So again, none of them focus

exclusively on the needle exchange as the one issue. Now what will work in the City of New York is something that the health officials and the City of New York and the people of New York are the only ones who are competent to say, but what we say is please consider all the options. Don't exclude any possibility including bleach programmes, mass media campaigns, counselling strategies, methadone maintenance, in-hospital drug free, out of hospital drug free, the whole mix has to be considered. Don't exclude anything just because it doesn't sound right. Give it a try and then if it doesn't work it doesn't work but at least one has tried.

SCHWARTZ: I'd like to go back also to the issue of legalizing drugs. It sounds as if you don't quite dismiss it out of hand as many American government experts and American politicians do. Is there any evidence at all on it particularly given the fact that the way it's laid out in theory one would legalize drugs but that would free up quite a bit more resources for education and so forth so it wouldn't be as if one was entirely surrendering the streets to narcotics?

MANN: I think the real problem here, and I'm not afraid to admit that I don't know enough, in fact I don't think enough is known. The examples of legalization and decriminalization -- and those terms are often mixed and confused -- the examples are very difficult to evaluate and I think it's very dangerous to argue from analogy. In other words, to say something works in Amsterdam doesn't mean it will work or is suitable to New York and vice versa and so I'm concerned that we don't have enough information. I think the discussion on this issue is a polemic discussion, a rhetorical discussion and not in that sense that helpful a discussion.

WILLIAMS: In the context of the issue which is exercising most of national governments at the moment, is the crack cocaine epidemic and since the users smoke rather than inject this doesn't WHO see this in a way, in a perverse way, as a positive step in that it reduces intravenous drug use of heroin?

MANN: Well, that's a very good question because when you think of methadone maintenance you realize the point of methadone maintenance is to substitute a drug that is taken orally and which blocks the effects of heroin really. It's a substitute, methadone, for the heroin which is an injection. Well, crack cocaine unfortunately doesn't work quite that way because the craving for cocaine, the addiction to cocaine can drive people into a phenomenon called sex for drugs in which people exchange sexual services, in a sense become prostitutes, male or female, in order to be able to have the money to buy the crack because of the extent of their addiction to the crack. In fact, there's a long standing relationship between drug use of many kinds and sexually transmitted diseases and now AIDS has to be added to that list so it isn't just actually injecting drugs, although this is the most dangerous connexion between AIDS and drugs, it's also the use of alcohol. For example, most surveys in the Western world show that many young people have their first and often their only sexual encounters at a younger age in association with alcohol or other drugs, perhaps like marijuana. The taking of alcohol in a sense has the same effect as it does for seat belt use with driving. People if they drink before having sexual intercourse might have originally intended to use a condom but might forget to use the preventive measure just like they might forget if they drink before they drive to put on their seat belt. So I think that we have to look at the issue of drugs and sex in the broadest way and in that context crack cocaine is no blessing -- it's a danger, it's a really damaging social situation and doesn't help, even with AIDS.

WILLIAMS: In that broader context is AIDS yet killing as many people as smoking tobacco for example?

MANN: No, it's not. I think it's important to realize that AIDS is not the world health priority, it is one of the world health priorities and tobacco certainly kills more people and cuts short more lives than AIDS but there's a difference. Although tobacco smoking can be called an epidemic in some parts of the world it's an epidemic that is much more under control in other parts of the world. The AIDS epidemic is a new, worldwide epidemic of infectious disease. We're still in the first phases really of this epidemic. It's getting worse in many parts of the world and so I think that the analogy again is a difficult one to hold.

STEELE: Denial was one of the inhibiting factors in your reporting procedures in the earlier days of the AIDS crisis as we call it, has the opening of Eastern Europe in any way changed the picture, the reporting procedures, the volume of cases reported to WHO, the responses? Has there been an opening towards the AIDS virus and recognition of it as such?

MANN: Well, I think there are really two issues. One is the openness of reporting worldwide. There are now 154 countries that report cases of AIDS to WHO and an additional 20 or so countries that report no cases so in fact, virtually all of the world's countries are now reporting some cases to WHO and this is very important because reporting a case of AIDS as Libya did recently -- it's the most recent country to report their first case -- this is in a sense saying we also have the problem, we also are part of this worldwide epidemic, so politically it's an important gesture. But the actual number of reported cases is only a portion of the actual cases in any country and this is due to very many complicated factors of the

ability to diagnose, the national system for collecting data and then reporting on to the World Health Organization, so for example, as of 1 February, 1990 slightly over 215,000 cases of AIDS were officially reported to WHO. We believe the actual number is over 600,000 or about three times more cases than the number reported.

STEELE: Well we've seen recently the very high profile given to Romania in the case of AIDS among infants and small children, was this a product of the political opening of Eastern Europe and Romania in particular, that that country was able to report freely to WHO and allow WHO to come in and examine the problem and report?

MANN: The Romanian situation of course, which is quite tragic, has the additional dimension that cases of AIDS in children were apparently diagnosed in the middle of 1989 but the information on that was suppressed. It was not shared with WHO and I don't think it was shared either within the country. It was only with the new regime, it was only under the new circumstances, that this opening occurred and then the full extent, well actually we're not even sure yet the full extent, but the extent as we know it today which is already a major tragedy, we're talking about over 500 infants infected, over 100 adults infected in Romania and there may well be more. The new opening occurred because of political changes.

LITTLEJOHNS: The programme is **WORLD CHRONICLE**. Our guest is Jonathan Mann, Director of the World Health Organization's Global Programme on AIDS.

SCHWARTZ: Dr. Mann, as you know in the United States and in some other developed countries, many gay rights groups and sometimes some left wing political groups feel that the

governments here not done all they could to cop at AIDS. This seems to be a very emotional issue, particularly in New York State, what's your evaluation of the American response? Is there a culprit here or culprits here or has the United States come up to speed in its reaction to combating AIDS or is there much more that can be done?

MANN: I think it's first complex because there are many different dimensions to the US response to AIDS. For example, in the area of biomedical research it's extraordinary, it's unparalleled. The increase in research funding, the amount of energy, the dedication of the US research establishment to AIDS is truly extraordinary. That's one side and that is absolutely remarkable. And then there's the question of the non-governmental organizations. In the United States, the rise of community-based and non-governmental organizations in response to AIDS has also been nothing short of remarkable and has really been a model for many other parts of the world because it shows that government can't do everything and that community-based organizations are critical when you're dealing with people who might not believe what a government says but may well believe what another addict or ex-addict says or a fellow homosexual says or someone else who is of one's same sex or age or racial group. So in those two ways, biomedical research and the community response, the United States is truly extraordinary. The national governmental response, however, I must say that the United States did not respond in that broad way as quickly as some other countries. Now, what is behind this of course is quite complex. I personally don't look for blame. I look for misunderstanding, I look for ignorance, I look for a lack of perception about the scope of the problem but I don't tend to see blame and in any case just as the United States is a mosaic of success and less success in approaching AIDS so are other countries. There is no one single country in

the world we can point to and say this is the way it should be for every country.

SCHWARTZ: What more would you suggest in the United States, both on a national level and as far as state and particularly urban health programmes like in New York City?

MANN: Well, there was a lot of criticism of the previous administration for its silence at the highest levels. Personally, I believe a great deal in leadership. I believe that national leaders have an important responsibility to help the society not only recognize a threat like AIDS but develop a view towards AIDS, or a problem like AIDS, which is humane and which is sympathetic and which is effective and I've heard a lot of criticism from colleagues in the United State about the previous administration's relative silence and lack of leadership in this area.

WILLIAMS: One of the things which have had a lot of publicity lately has been the disparity between the heterosexual transmission rates in Africa and in the Western world, how many proven cases are there of heterosexual transmission in North America and Western Europe?

MANN: This, of course, is a question of great interest to large populations in Western Europe and North America because as you say, you look at Africa and you see that the majority of the transmission of HIV is sexual, roughly equal numbers of men and women infected. In fact, I might just introduce here the latest information on some of the numbers. We estimate that there are at least six million people infected in the world today of whom at least three million are in Africa. Of the six million people infected in the world today, about two million are women. This is a very important dimension

people shouldn't forget but to get back to your question, if you look at the AIDS epidemic in the United States and in Western Europe, you see some very important things. The AIDS epidemic in the male homosexuals in the United States is continuing to increase but the rate of increase has slowed since about mid-1987. In retrospect, however, the AIDS epidemic among heterosexuals is continuing to rise unabated. In Western Europe, two years ago, about five percent or six percent of the AIDS cases that occurred that year were associated with heterosexual transmission. Last year it was nine percent so this is not a very rapidly rising epidemic among heterosexuals in North America and Western Europe but it is an increasing epidemic, it's an increasing spread. This is the key. We must protect the future by acting now. If we don't inform and educate heterosexuals now and if behaviours don't change, the epidemic will be all the worse and we are not guaranteed of having a vaccine, and we are not guaranteed of having a cure in the future. That would be a bad bet to make when you can take easy steps now to protect yourself from infection.

WILLIAMS: What sort of action is possible in Africa where as you say two million women ...?

MANN: We've seen all over the world, whether it's in Africa or whether it's in the United States or Western Europe, Australia, that education programmes combined with support can work to slow the spread of infection and this has been shown, for example in African prostitute groups where the women are counselled about condoms, given support and then condom use goes up and the risk of infection goes down. So there's a lot that can be done and we shouldn't ever neglect the fact that many societies, all societies, are tremendously strong. There is a depth of social capacity to respond to the needs of what it will take to protect the society against an

epidemic and this includes some of the deepest feelings about compassion to other people and understanding of solidarity as well as the capacity to change behaviour. Homosexuals have changed behaviour, drug users have changed behaviour, people are changing behaviour in response to AIDS.

LITTLEJOHNS: Dr. Mann, has the virus changed at all since it was first identified? Has it become perhaps more aggressive, will that account for the rising increase in cases especially among heterosexuals?

MANN: No, the virus appears to be essentially the same ever since we have known of it. It has not in any way changed its ways of spread which are limited to sexual transmission, transmission through blood such as a blood transfusion that wasn't screened or the drug user sharing a needle, or transmission from the infected mother to her fetus or new-born infant. That's it. There's no evidence anywhere in the world of any other mode of spread so the virus looks stable in that way but we're keeping a close eye.

STEELE: Dr. Mann, you mentioned condom use as a barrier to infection by the virus and you mentioned the specific case of prostitutes, other than a specific group, in which obviously condoms have been promoted very heavily. Is there any evidence that condom use in response to the AIDS crisis is rising in developing countries?

MANN: It's a very mixed picture. For example, in Zaire, in Kinshasa, Zaire, a programme was established for the general population which involved the sale, but at a subsidized cost, of condoms so the condoms weren't free but they cost money but they didn't cost as much as they might have on the open market and the number of condoms distributed each month

increased from something in the neighbourhood of 10,000 to something in the neighbourhood of 700,000 per month. Now that's a tremendous response. Are they all being used properly, we don't know but in surveys of the population in Kinshasa, 70% of those who used condoms said they were using them specifically because of the concern about AIDS, so I think that there is some evidence. On the other hand, there's other evidence in other countries that seems to suggest no change in the overall amount of condom use.

STEELE: What was the breakdown in the acceptors of condoms, men versus women? It seems to be a male preserve and women have very few means of effectively protecting themselves particularly in traditional societies? Was this mainly men who were taking condoms?

MANN: It was principally men. I don't have a specific breakdown but I will also say that there is research underway on what is called the female condom which would be a condom, in a sense a sheath, that the women would insert rather than the man would put on his penis and therefore it's potential for a female controlled, if you will, method rather than the typical condom but we're not sure yet that this will be an effective approach. And you're quite right, in many instances the modes of heterosexual spread are more male dominated. What we have to do is to help women have not only the capacity to say the word no but to be able to have the social and economic and political capacity to say no to unwanted sexual intercourse or to unprotected intercourse.

SCHWARTZ: Obviously one can't compare the pain of those infected with AIDS to the general psychological damage AIDS has done on society but what's your sense of the psychological effect? You've spoken a bit about the damage to

one's sense of healthy sexuality, the dangers in teaching young children about AIDS, from what you can sense in developed and undeveloped countries, how have people's whole way of thinking of sex, about themselves changed since the epidemic began?

MANN: It's a very important question I think. It's obviously too early to know for the longer run but I think first of all it has injured to some extent our sense of immortality or our social capacity to deal with any infectious disease through technology. I think we've realized that the differences between ourselves and our forefathers so to speak in terms of our lives and how we deal with our lives are not so great and that when a virus comes along it isn't that medical science can immediately come up with a cure so we can forget it. It's also I think increased our sense of social solidarity. AIDS in fact has pointed out very clearly that this is one world and what happens in Uganda and what happens in Brazil affects what happens in the United States and vice versa. That's a very important issue. In fact, I think AIDS in a sense is almost the midwife for a certain view of globalism and global thinking which I'm sure we'll see more of as we turn more as a world to problems like the global environment. And finally, of course, it's opening many questions to us, questions about the nature of sexuality which we know little about. You see, AIDS is composed of a virus and behaviour and today we know so much more about the virus than we do about our own human behaviour so in that sense, it brings us to the frontiers of what we know about each other and ourselves.

LITTLEJOHNS: Dr. Mann, I'm afraid that's all the time we have. As usual you've been a very interesting guest. Thank you for joining us.

Our guest has been Dr. Jonathan Mann, the Director of the World Health Organization's Global Programme on AIDS. He was interviewed here at United Nations Headquarters in New York by: Ian Steele of the Press Foundation of Asia; Ethan Schwartz of the Washington Post; and Ian Williams of The Scotsman.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **WORLD CHRONICLE**.

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Transcripts of the programme may be obtained free of charge by sending a stamped, self-addressed envelope to: **WORLD CHRONICLE**, United Nations, Room S-837, New York, New York 10017, USA.

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AIDS AND DRUG ABUSE, EVENTS, READING LIST AND SOURCES

For further information on AIDS, including its relationship to drug abuse, please see these WHO publications:

Selected issues of World Health magazine: March 1988, "AIDS: a shadow in our world;" October 1989, "AIDS: a worldwide effort will stop it!;" and August-September 1990 (forthcoming) "Women and AIDS."

"Global AIDS into the 1990s," and address by Dr Jonathan Mann at the Fifth International Conference on AIDS, Montreal, 4 June 1989 [WHO document: WHO/GPA/DIR/89.2];

Global AIDS Factfile, presents brief notes and numbers about AIDS;

AIDS Health Promotion Exchange [ISSN 1013-7785] a newsletter on community and national information and education ideas;

WHO AIDS Series [ISSN 1011-5773] includes booklets on administration and management of AIDS service programmes;

AIDS Technical Bulletin [ISSN 1013-0845], includes summaries, abstracts, and bibliographies of research findings.

For information about these and other WHO publications and videos on AIDS, please write: **Global Programme on AIDS, Publications, World Health Organization, 1211 Geneva 27, Switzerland.**

Two major international AIDS public events taking place in 1990 are:

1) Postage stamps to "Fight AIDS Worldwide" were issued on 16 March 1990 in New York, Geneva, and Vienna by the United Nations Postal Administration . The stamps are valid for postage throughout the world when used at the UN post offices in three "UN cities." Information about using the AIDS stamps on bulk or office mail may be obtained from the **United Nations Postal Administration (Attn: AIDS), United Nations, New York, NY 10017 USA** [TP + 1 212 963 1504].

2. World AIDS Day, 1 December 1990. The theme for the third World AIDS Day is "Women and AIDS." This event observed in many different ways around the world and, this year, will reflect the increasing impact of AIDS on women, as well as the crucial role women play in preventing infection with the human immunodeficiency virus (HIV) and caring for HIV-infected people and people with AIDS. To be put on the World AIDS Day 1990 mailing list, please write: **Global Programme on AIDS, World AIDS Day 1990, World Health Organization, 1211 Geneva 27, Switzerland.**

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